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PRIVATE NURSING PROBLEMS

DEAR EDITOR: I graciously admit that all the articles in the JOURNAL, especially those in the September and October numbers, on private nursing and its remuneration have been excellent, still I must admit that there is always a feeling of regret when I find an article in the JOURNAL on such. Have nurses become so mercenary of late that the main question is not how best we can relieve the sick and suffering, but how to solve the problem to get our money and incidentally relieve the sick?

I do think it is time we called a halt to the remuneration part unless we wish the entire public to feel, as too many now feel, that nurses think more about the money part than the recovery of their patient and the prevention of disease.

Miss Claxton's article is excellent as far as theory goes, but she unfortunately overlooked the fact that nursing is a profession and if we wish to keep it such we must continue to elevate it and not tend to lower it by any such system as working by the hour. I do not think any of the other professions charge according to the time spent. We do not belong to the laboring class that asks so much an hour and carfare, neither do we wish to bring nursing to that standard.

I shall cite a few of the minor points to show how unjust the scheme would be. (1) The question arises, What is scientific? Should the attendant give the enema? I for one would not consent to such if my patient were very sick. We are too apt to think that any one can give an enema, whereas it requires considerable skill to give an enema properly to a sick patient. Now suppose a patient in the middle class has an attendant and engages a nurse so many hours for the scientific and responsible part of nursing. Would this not be giving the patient the power to decide what was scientific in our profession?

Again, all nurses do not work with the same rapidity. What one nurse accomplishes in an hour others might take two to three to do, which would be quite unjust to the patient. We have the hourly graduate with us, which is a very good thing for those individuals who require professional service only for a short time each day. For the needy, we have the district nurses.

I would like to emphasize the fact that here is one part of our work where we, as a professional class, have the power to make it a calling of the highest, and it behooves the superintendents of hospitals and others who secure graduate nurses for district work to choose only those who possess executive ability, will power, education and tact, as well as those who know how to nurse, and above all things, a gentle woman. The nurse doing district work who allows a patient receiving charity from her to dictate to her and tell her what to do, or allows that patient or any of her friends to reprove her in an arbitrary way without receiving an apology before leaving the house is harming the noblest part of the profession infinitely more than most of the nurses realize now. The nurses who take positions in this work should be those who take it up because of its broadness in life.

Some time ago I wrote an article in the JOURNAL advocating district nurses in the small towns in place of hospitals which seldom take in the poor, preference being always shown to those who could pay. Since I have taken up district work I am more certain than ever that district nurses in small towns are of

more use than hospitals. In time the town, I feel, would build a home for these nurses, one-half of which could be utilized as a hospital for the needy poor.

I am sorry to say there are two kinds of diplomacy practiced in our profession: one is deceit or make-believe, the other is tact, which implies honor, and those nurses who place honor above all things are the ones to do the district work. Thanking you for your space in the *JOURNAL* I am,

M. W., Boston.

WHERE DOES LOYALTY TO THE PHYSICIAN END?

I.

DEAR EDITOR: I had a most unfortunate experience recently when caring for a man who was ill with typhoid. The doctor, in passing the catheter, let it slip into the bladder and had to telegraph to a nearby city for a surgeon. The next day at noon an incision, one and a half inches long, was made in the suprapubic region and the catheter was removed. Of course the patient was desperately weak and for several days his life hung in the balance, but I am thankful to say he lived.

A few days before this operation, the doctor had ordered me to put the patient into the tub (a sitz bath tub), hoping to make him urinate, which I refused to do unless the doctor was present, as the patient's heart was not in the best shape and he was sufficiently rational not to wish me to do it alone. His old mother was the only other person in the house and she could not have helped.

When the surgeon came he brought another nurse with him, but I was given no help and had to prepare for the operation alone, with only a two-burner gasoline stove to use for boiling water and instruments, and I had to keep stopping to sponge the patient whose temperature was high. After the operation, the doctor told me the surgeon wanted the other nurse to stay on the case, which I gladly left in her hands.

The patient's people wanted to discharge the doctor, but being ignorant folks and not realizing their power, he talked them over into keeping him, and has since circulated all over town the story that if I had given him better help the accident would not have happened. What kind of a man must he be to need help with such a simple operation when the patient was perfectly sane?

H. S.

II.

(Condensed)

DEAR EDITOR: Some time ago I was called to a patient who had attempted suicide by taking "fifty cents' worth of paregoric, a pint of alcohol, and eight tablets." She was unconscious when I arrived; how long she had been so I do not know. Hot-water bottles had been used before my arrival and were cold when I removed them. A steam pack was ordered, which I gave with great care. There were burns at the points from which I had removed the bottles.

I was able to remain with the patient only twenty-four hours because of an obstetrical case then due, but I was asked to return and dress the burns. The patient was finally taken to a hospital and died after two weeks of "ulcer of the stomach, caused by burns."

Several weeks after her death her husband accused me of having caused